

# BENEFICIARY DESIGNATION FORM

401(k) Plan

P511

PLAN NAME	DIVISION NO	PLAN NO
City of Tempe	N/A	98443-02

**PARTICIPANT INFORMATION**

_____/_____/_____ Last Name First Name MI		_____ Employee Number	_____ Social Security Number
_____ Address - Street & Number		<input type="checkbox"/> Married <input type="checkbox"/> Unmarried	_____ Marital Status
_____ City	_____ State	_____ Zip Code	_____ Account Extension (If Applicable)

**PLEASE TYPE OR PRINT BENEFICIARY DESIGNATION -Please read reverse side before completing this form.**

This designation supersedes all prior designations and is effective upon its execution and **delivery to the Plan Administrator/Trustee**. If you name more than one beneficiary in either category, the surviving beneficiaries in that category will share equally unless otherwise indicated. The right to change the beneficiary is reserved to the participant.

**PRIMARY BENEFICIARY**

**PRIMARY BENEFICIARY TOTAL MUST = 100.00%. ATTACH ADDITIONAL SHEET IF NECESSARY.**

% of Account Balance	Social Security Number	Primary Beneficiary Name	Relationship	Date of Birth
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

**CONTINGENT BENEFICIARY**

**CONTINGENT BENEFICIARY TOTAL MUST = 100.00%. ATTACH ADDITIONAL SHEET IF NECESSARY.**

% of Account Balance	Social Security Number	Contingent Beneficiary Name	Relationship	Date of Birth
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

**PLEASE NOTE:** If any information is missing, additional information may be required prior to recording your beneficiary designation. If all designated beneficiaries predecease the participant, or if no beneficiary is designated, amounts will be paid pursuant to the terms of the Plan Document.

**REQUIRED SIGNATURES**

Important Notice: If this plan is subject to Spousal Consent requirements under ERISA and/or your plan document, you must obtain your spouse's notarized signature to designate a primary beneficiary other than your spouse. Check with your employer to determine whether this plan is subject to ERISA.

State of \_\_\_\_\_ )  
\_\_\_\_\_)ss.  
County of \_\_\_\_\_ )

**SEAL**

I hereby consent to the participant's beneficiary designation. I understand that by providing such consent I am waiving my right to receive a survivor annuity which would be payable to me upon the participant's death. For more information on Spousal Consent, please contact your Plan Administrator/Trustee.

SPOUSE'S NOTARIZED CONSENT: I hereby consent to the above beneficiary designation and understand its effect.

The consent to beneficiary designation was subscribed to before me by

on this \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_ who affirmed that such consent represents his/her free and voluntary act.

Notary Public: \_\_\_\_\_

Address: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

_____ SPOUSE'S SIGNATURE	_____ DATE
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Signature of Participant

Date

I certify that to the extent spousal consent is required under the Plan, it has been met.

Signature of Plan Administrator

Date

I received this completed form from the above employee on: \_\_\_\_\_

